

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36564

FILED DEC 9 1948 818

1005

State File No. 10449  
Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
(b) City or town.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Max C. Starkloff Memorial  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Month  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT  
FULL NAME

Louise Klie

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex FEMALE 5. Color or  
race WHITE 6. (a) Single, widowed, married.  
Divorced WIDOWED  
6. (b) Name of husband or wife OTTO W K L I E 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased MCH 9 - 1972  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 8 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace NEW YORK (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name CHAS E. DONAHOE  
13. Birthplace N. Y. (City, town, or county) (State or foreign country)  
14. Maiden name PHILO ST. GEMME  
15. Birthplace M. P. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora E. Ellis

(b) Address #44 HUBERT COURT

17. (a) BURIAL (b) Date thereof DEC 1 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS CEM

18. (a) Signature of funeral director L. Mullen and Co.

(b) Address 5165 DELMAR BL.

19. (a) NOV 29 1948 (b) J. F. Brudeck  
(Date received for local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17  
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")  
(d) Street No. 5897 WASHINGTON BL (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th  
year 1943 hour 11:30 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from October  
28th 1943, 1943 to November 28th, 1943  
that I last saw him alive on November 28th, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Peritonitis & peritoneal  
abscesses  
Due to Perforated diverticulum  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Peritoneal abscesses  
Of operations \_\_\_\_\_  
Of autopsy Peritoneal abscesses and  
perforated diverticulum  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Brudeck (M. D. optional) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date signed 11/29/48

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*H. Harris*

Licensed Embalmer No. *3384*

P. O. Address *Soham, Me*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**